

which is in great need of intelligent sponsorship. It no longer suffices to get the patient well. He should be prepared for useful work. This field of endeavor challenges the interest and coöperation of public and private agencies.

RESOLUTION CONCERNING THE CARE OF TUBERCULOUS VETERANS*

THE resolution which follows was adopted by the California Trudeau Society and the California Tuberculosis and Health Association in a symposium on Future Plans for the Control of Tuberculosis, Los Angeles, March 29, 1944.

Resolved, That we, the members of the California Tuberculosis and Health Association, in convention assembled, realize the seriousness of the tuberculosis problem involved in our War Veterans;

That we recognize that this Veterans' Facility as at present constituted is seriously limited in attempting to give medical treatment to cure these patients;

That we agree in principle with the solution offered by Dr. Chesley Bush in his report as presented at this meeting;

That we recognize that the National Tuberculosis Association has this matter under consideration in an attempt to reach a satisfactory solution;

That we instruct this Board of Directors of the California Tuberculosis and Health Association to communicate to the National Tuberculosis Association our desire that the program as outlined by Doctor Bush be given their serious consideration at their Annual Meeting in May, 1944 to the end that on a National, State, and local level adequate discussion be stimulated that will lead to effective action in helping the individual tuberculous Veteran to achieve a cure of his disease.

* Re: Resolution, see articles on pages 88-89.

VIRUS PNEUMONIA**

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FOR this audience it will not be necessary to review the fundamental features of the so-called "primary atypical pneumonia, etiology unknown," which we have come to believe, in the Army, is a very typical disease, and the etiology of which we believe we know. This disease is by all means the most common of the respiratory ailments with which we have had to deal, and is characterized by a rather typical picture, though, to be sure, it manifests itself in a wide variety of forms from the mildest, almost asymptomatic form to a very severe and even fatal illness.

We have had at Santa Ana about 2,500 cases of pneumonia, of which approximately 2,000 have been of the virus type. In this series, one patient has died. That patient, however, had his picture complicated by a concurrent encephalitis and myelitis. The description given is that of a

disease in which the x-ray finds a consolidation in the lung, which is often very much greater than one would expect from the physical findings there. The clinical course of this condition is well known to you all, and is borne out by our observations. We have, however, been able to make a few observations which, perhaps, may be said to be original in that they are of a kind that the ordinary practitioner has no opportunity of making.

PNEUMONIA FOUND IN ROUTINE EXAMINATIONS

In the first place, we have encountered a group of men, newly processed for cadet training, in whom a considerable patch of pneumonia was discovered accidentally, that is, in the course of their routine x-ray examination for classification as cadet. These patients presented frequently a truly remarkable appearance, showing a large patch of pneumonia with an almost complete absence of symptoms, though, to be sure, upon close investigation it was usually found that they had had a bad cold for a while, or that they had been coughing; and, usually, when they were put into bed in the hospital, as was invariably done, they were found to be running a low grade fever. The problem of the differentiation of this condition from tuberculosis should be of particular interest to this audience. It is not infrequently that these patches of pneumonia are located at one apex or another, and, taken together with the patient's rather benign clinical picture, could readily be confused with an active tuberculosis. In fact, the x-ray men refused to make the differentiation until they had had an opportunity to reexamine the patient after a lapse of from several days to two weeks. When, as usually happened in such cases, the shadow entirely cleared in the course of ten days' observation, the assumption that they were dealing with a virus type of pneumonia was justifiable. This group of asymptomatic cases, with significant amounts of pulmonary consolidation, deserves to be recognized as an entity, and, so far as I know, has not been previously described.

We were struck, as all others have been, with the migratory character of the consolidation in hundreds of instances, in watching it by x-ray moving from one part of the lung field to another while the original area cleared. The character of the sputum deserves mention, in that the bacterial flora is remarkably scanty. There seem to be fewer bacteria even than in normal saliva or bronchial mucous. With others we observed a strictly normal leukocyte count; and, corroborating other work, we found that approximately 70 per cent of the cases had positive cold agglutinin tests. The incidence of complications is really very low. Pleural pain is not uncommon, but real pleuritis with effusion is quite rare.

VARIETY OF CASES

There were two cases of empyema, but these

** Read before the California Trudeau Society, Los Angeles, March 30, 1944.

The opinions and assertions contained herein are the private ones of the writer, and are not to be used as official or reflecting the views of the Army Department or the Army service at large.